Illinois Department of Revenue
RC-1-A   Cigarette Tax Stamp Order-Invoice

Read this information first

- Orders will be filled at your assigned location only:

101 W JEFFERSON ST	*- or -*	CONCOURSE 300
PO BOX 19018		100 W. RANDOLPH ST
SPRINGFIELD IL 62794-9018		CHICAGO, IL 60601-3274

- Payment must be made by means of Electronic Funds Transfer (EFT).
- The Illinois Department of Revenue is not responsible for stamps lost in transit.
- If you need assistance, call our Springfield office at 217 785-6613 or 217 524-5409 or our Chicago office at **312 814-3225.**

Step 1: Provide your information

Name:_____   Illinois business tax number (IBT no.):__ __ __ __-__ __ __ __

Street address: _____   License number: _____

_____
City   State   ZIP

Step 2:   Tell us your order by multiplying the number of stamps you need by the stamp price

20 cigarettes per package - Order **machine** stamps in rolls (30,000 per roll)

1 Number of rolls _____ X **30,000** = Number of stamps _____ X **.98** =   **1** _____

25 cigarettes per package - Order **machine** stamps in rolls (4,800 stamps per roll)

2 Number of rolls _____ X **4,800** = Number of stamps _____ X **1.225** =   **2** _____

Step 3: Figure the amount due

3 **Add Lines 1 and 2 -** Total amount due for stamps.   **3** _____

4 Write the amount of credit you wish to apply.   **4** _____

5 **Subtract Line 4 from 3.**   **5** _____

6 Total purchases from Line 7 of your last order invoice that represents accumulated stamp purchases from July 1.   **6** _____

7 **Add Lines 5 and 6 -** Total year-to-date purchase.   **7** _____

Use the worksheet on the back of this form to figure your discount

8 Discount amount (from the worksheet)   **8** _____

9 **Subtract Line 8 from Line 5 - pay this amount by Electronic Funds Transfer (EFT).**   **9** _____

Step 4: Sign below

I hereby authorize the Illinois Department of Revenue to electronically initiate a funds transfer as payment for purchase of cigarette tax stamps against the bank account that was designated by the business listed above. I certify that I have the authority to authorize this transfer.

_____   _____
Signature of person authorizing electronic funds transfer   Title

_____   ___/___/_____
Printed name of person authorizing the electronic funds transfer   Date

Discount Worksheet

Use this worksheet to figure the amount of discount to report on Line 8 of Form RC-1-A, Cigarette Tax Stamp Order Invoice.

a **Amount from Line 5 -** Total amount due for stamps minus any credit applied.   **a** _____

b **Amount from Line 6 -** Total purchases from Line 7 of your last order invoice that represents accumulated stamp purchases from July 1.   **b** _____

c **Amount from Line 7 -** Total year-to-date purchase.   **c** _____

    d If the amount on Line c is $3,000,000 or less, **multiply Line a by 1.75% (.0175)**.
       Stop here and write this amount on Line 8 of the order-invoice.   **d** _____

    e If the amount on Line b is more than $3,000,000, **multiply Line a by 1.5% (.015)**.
       Stop here and write this amount on Line 8 of the order-invoice.   **e** _____

f **Subtract Line b from $3,000,000.**   **f** _____

g **Subtract $3,000,000 from Line c.**   **g** _____

h **Multiply Line f by 1.75% (.0175).**   **h** _____

i **Multiply Line g by 1.5% (.015).**   **i** _____

j **Add Line h and Line i.**
    Stop here and write this amount on Line 8 of the order-invoice.   **j** _____